



Atty. Dkt. No. 082671-0231

JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph L. HORIJON et al.

Title: METHOD FOR CALIBRATING A DEVICE, METHOD
FOR CALIBRATING A NUMBER OF DEVICES LYING
SIDE BY SIDE AS WELL AS AN OBJECT SUITABLE
FOR IMPLEMENTING SUCH A METHOD

Appl. No.: 10/550,269

Filing Date: 11/06/2006

Examiner: Michael A. STRIEB

Art Unit: 4177

Confirmation 1273
Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application and an:

☒ Information Disclosure Statement.

☒ PTO/SB/08.

☒ The fee required for additional claims is calculated below:

Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
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04/25/2008 MBELETE1 00000034 10550269

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1050.00 0P

Total Claims:	10	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$370.00	= \$0.00
CLAIMS FEE TOTAL								=	\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$460.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,050.00	\$1,050.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:			\$1,050.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$1,050.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:			\$0.00
TOTAL FEE:			\$1,050.00

A credit card payment form in the amount of \$1,050.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 24, 2008

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By Jessica M. Cahill
Jessica M. Cahill
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